

Town of Chesapeake City

108 Bohemia Ave.
Chesapeake City, MD 21915
(P) 410-885-5298
(F) 410-885-2515

Application for Zoning Certificate

File Number:	
Date Received:	
Received by:	
Fee (Application + Sq. Ft):	
Daid By (Cash Chask):	

www.cnesupeukecity-ma.gov	Paid By (Cash, Check):		
PROPERTY OWNER INFORMATION	CONTRACTOR/AGENT INFORMATION		
NAME:	COMPANY:		
MAILING ADDRESS:	REPRESENTATIVE:		
CITY/ST/ZIP:	PHONE:		
PHONE:	EMAIL:		
EMAIL:	MD LICENSE#:		
PROPERTY ADDRESS:	INSURANCE:		
(If different than above)	Attach copy of Contractor's License and Workers Comp. Insurance		
TYPE OF PROJECT	SCOPE OF WORK		
(CHECK ALL THAT APPLY)	Please provide a detailed, written explanation of work to be completed. If additional space is needed, please attach. Include		
Primary Structure Addition	exterior materials to be utilized. Samples may be required.		
Accessory Structure Grading			
Sign			
Fence/Wall Maintenance *			
Swimming Pool Roof Siding			
Subdivision Windows Other			
Re-Zoning: From To			
Change of Use: W/S Change? YES NO			
Tree Removal: #to be removed:			
Demolition: W/S Capped? YES NO			
* For Roof Replacement please include disposal/safety plan (to protect public areas)			
ESTIMATED TOTAL PROJECT COSTS	New Square Footage:		
Estimated Total Project Cost: (Please attach a written agreement w/contractor or good faith estimate if work to be completed by Owner)	(Fee Calculated at \$.15 per square foot for Residential and \$.25 per square foot for Commercial)		
CURANITAL REQUIREMENTS			

SUBMITTAL REQUIREMENTS

(THE FOLLOWING CONDITIONS APPLY)

- All applications **MUST** include a plot plan/sketch {must show: all property lines, all existing improvements (structures, driveways, patios, decks, etc.), the location of the proposed project, and setbacks (from property lines) of the proposed project} of work to be completed. Also, if applicable, a Site Plan or Historic District Application may be required.
- All applications shall be accompanied by a written agreement signed by the owner of the premises and the contractor/builder, setting forth the labor and materials to be furnished and the costs thereof. If no such agreement exists or if the owner is not utilizing the services of a contractor, a good faith estimate of the cost of materials and labor shall be submitted. All projects exceeding \$10,000 or in the Historic District shall be referred to the Historic District Commission/Planning Commission for review.
- If a Contractor/Agent is applying, please attach a letter from the property owner giving authorization to act on his/her behalf.
- > Building, renovation, and addition permits require 10 sets of blueprints or acceptable drawings and property plat.
- See Zoning Administrator for Subdivision submission requirements.
- Town Building Permits shall expire in 180 days of issuance in the event that no work has commenced and all Building Permits shall automatically expire one year from date of issuance. Extensions may be requested in writing.
- Any deviation from the project plans (location, materials, etc.) as approved by the Town shall not be permitted and may result in a Stop Work Order and fines. Please contact Town Hall immediately if the project must be modified or altered in any way.

This is not a Building Permit. Town Building Permit will only be issued upon approval of this application and the issuance of a Building Permit from Cecil County (if required).

Applicant Signature:	Date:
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	****STAFF U	JSE ONLY****				
Тах Мар:	Grid: Parcel:	Lot:	Zoned:			
Residential Pro	oject	Water Allocation	on(s) Required?	YES N	NO	
Commercial Pr	roject	Plot Plan/Sketo	Plot Plan/Sketch Attached			
Critical Area Des	signation: Buffer: YES NO	Contractors Licer	nse/Workers Comp	Info Attache	d	
Critical Area Co	ommission Approval (if required)	Authorization l	Letter From Owne	er (ifapplicabl	e)	
10% Guidance Rule Addressed		Change of Use/Re-Zoning Explanation Attached				
Floodplain Zone: If yes, Panel #:		Estimated Project Cost Attached				
Site Plan Attached (If required)		County Buildin	County Building Permit Required? YES NO			
Category 1	Category 2 Category 3	Historic District	t App. Submitted	(If require	d)	
	HISTORIC DISTR	ICT COMMISSION				
DATE OF REVIEW:		CONDITIONS: (IF APPROV	ED W/ CONDITIONS)			
ACTION:	_					
	APPROVEDDENIED					
	APPROVED WITH CONDITIONS					
DATE OF REVIEW:	PLANNING C		ANA CONDITIONS			
ACTION:		CONDITIONS: (IF APPROVED	, w/ conditions)			
ACTION.	APPROVED DENIED				—	
	APPROVED WITH CONDITIONS					
	AFFROVED WITH CONDITIONS					
	-					
	-					
	-					
This appli	ication is APPROVED DEN	NED on this date		by		
Signature	P	rinted Name:				
	☐ Planning Commission Chair	/ □Zoning Adm	inistrator			
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